

Applications may be faxed to (770) 538-2729, e-mailed to [adult-dw@gmrc.ga.gov](mailto:adult-dw@gmrc.ga.gov), mailed or hand-delivered to the Workforce Development Intake Staff. Incomplete applications will not be accepted. Please complete the entire application thoroughly.

DATE ATTENDED WORKFORCE DEVELOPMENT OVERVIEW SESSION: \_\_\_\_\_



## APPLICANT INFORMATION

Applicant Name:		Social Security Number:	
Birth Date:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent/Guardian's Name (if applicant is under age 18):	Parent/Guardian's Contact Number(s): Home (      ) / Cell (      )		
Home Address:	City, State, Zip Code	County	
Mailing Address (if different):	City, State, Zip Code	County	
Email Address:	Applicant's Cell Phone Number: (      ) Applicant's Home Phone Number: (      )		
Someone with whom we can leave a message that <b><u>DOES NOT LIVE WITH YOU</u></b> : Name: _____ Contact Number: (      )			
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are not a United States Citizen, please complete: Alien Card #: _____ Expiration Date: _____/_____/_____	
Race (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____			

## ELIGIBILITY INFORMATION

	Yes	No
<b>ARE YOU A VETERAN? If YES, enclose a copy of DD-214</b>		
Has anyone in your household received Temporary Assistance to Needy Families (TANF) and/or Food Stamps in the last 6 months?		
Do you have a disability or an Individual Education Plan (IEP)?		
Have you EVER been arrested or in trouble with law enforcement or juvenile court? If "Yes" please check the appropriate box(es) and provide the date(s) of conviction.  <input type="checkbox"/> DUI: _____ <input type="checkbox"/> Assault/Battery: _____ <input type="checkbox"/> Drug Possession: _____ <input type="checkbox"/> Drug Distribution/Sale: _____ <input type="checkbox"/> Theft/Receiving Stolen Goods: _____ <input type="checkbox"/> Resisting Arrest: _____ <input type="checkbox"/> Fleeing the Scene: _____ <input type="checkbox"/> Driving W/O Insurance: _____ <input type="checkbox"/> Speeding: _____ <input type="checkbox"/> Driving with Suspended License: _____ <input type="checkbox"/> Other: _____		
Are you currently behind in middle/high school for failing one or more subjects? School? _____ Failed Subjects? _____		
Are you a school dropout? Withdrawal Date: _____ School? _____		
Are you currently a runaway youth and/or homeless?		
Are you currently pregnant or parenting a child?		
Are you currently in or have you been in foster care?		
Do you need assistance in completing an educational program or securing and retaining a job?		
Are you authorized to work in the United States?		
If you are a male born on or after 1/1/60, are you registered for the Selective Service? **registrations can be checked at <a href="http://www.sss.gov">www.sss.gov</a>		
Have you ever applied for or received services through the Georgia Mountains Workforce Development or any other WIA? If "Yes", please indicate what service(s) you received: <input type="checkbox"/> Denied <input type="checkbox"/> Tuition <input type="checkbox"/> Books <input type="checkbox"/> Dependant Care <input type="checkbox"/> Other		
Do you have any relatives who are <u>currently</u> receiving services through the Georgia Mountains Workforce Development? If "Yes", please list the first/last name(s): _____		

**FAMILY COMPOSITION (list ALL household members along with their SOCIAL SECURITY NUMBERS)**

Family Member (First Name/Last Name)	Date of Birth	Relationship	Social Security Number
Applicant		Self	
		<input type="checkbox"/> spouse <input type="checkbox"/> child/stepchild <input type="checkbox"/> parent <input type="checkbox"/> other: _____	
		<input type="checkbox"/> spouse <input type="checkbox"/> child/stepchild <input type="checkbox"/> parent <input type="checkbox"/> other: _____	
		<input type="checkbox"/> spouse <input type="checkbox"/> child/stepchild <input type="checkbox"/> parent <input type="checkbox"/> other: _____	
		<input type="checkbox"/> spouse <input type="checkbox"/> child/stepchild <input type="checkbox"/> parent <input type="checkbox"/> other: _____	
		<input type="checkbox"/> spouse <input type="checkbox"/> child/stepchild <input type="checkbox"/> parent <input type="checkbox"/> other: _____	
Number in family household (including applicant): _____			

**FAMILY HOUSEHOLD INCOME (last six months)**

Family Member(s)	Place of Employment	Total Gross Wages for Past 6 Months
Applicant		
	Total 6-Month Family Household Income	\$

Average monthly income for the past six (6) months: \$\_\_\_\_\_/month  
 (Do not include unemployment compensation, child support payments, retirement & survivors insurance benefits received under the Social Security Act, or TANF payments)

**FAMILY HOUSEHOLD BUDGET**

Monthly Expenses	Monthly Income	
Rent/Mortgage:	Applicant Employment Income:	
Utilities:	Unemployment Insurance:	
Groceries:	TANF:	
Dependent Care:	Food Stamps:	
Support Payments:	Child Support:	
Alimony Paid:	Alimony Received:	
Car Payment:	Spouse/Roommate Income/Contribution:	
Transportation/Gas:	Social Security:	
Household Items:	SSI:	
Insurance (car, homeowners, etc, <b>NOT MEDICAL</b> ):	Other (Itemize Below):	
Cable:	Name of "Other" Income	Amount of "Other" Income
Medical/Dental:	1.	
Clothing:	2.	
Credit Card Payments:	3.	
Loans:	4.	
Entertainment:	5.	
<b>Total Monthly Expenses:</b>	<b>Total Monthly Income:</b>	

If expenses are greater than income, please provide information regarding your financial plan to support your personal and/or household obligations while in training:

## EDUCATION

Highest grade level completed: _____		School currently attending and/or graduated: _____	
High school diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No		General Equivalency Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No      Attainment Date: _____	
College diploma/degree:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) attended: _____	
Technical school diploma/certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) attended: _____	
<b><u>ORIGINAL OFFICIAL TRANSCRIPTS ARE REQUIRED FOR ANY PRIOR EDUCATION</u></b>			

## WORK HISTORY – **NEED THE LAST 8-10 YRS OF WORK EXPERIENCE – MRE #1 TO OLDEST #5**

Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      Ever employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If “yes”, list employers below beginning with the most recent employer as #1.			
1. Name of Current or Most Recent Employer		Type of Business	
Address	City	State	Zip Code
Dates Employed: <b>MONTH/YEAR to MONTH/DAY/YEAR</b> From: _____ To: _____		Title	
		If you are still employed, have you received a notice of termination or military separation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Title of Supervisor		Contact Number: (    )	
May we contact this supervisor? <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No		Type of Employment: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Brief description of duties:			
Reason for leaving:		Last Salary: \$ _____ Per _____	
2. Name of Employer		Type of Business	
Address	City	State	Zip Code
Dates Employed: <b>MONTH/YEAR to MONTH/YEAR</b> From: _____ To: _____		Title	
		If you are still employed, have you received a notice of termination or military separation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Title of Supervisor		Contact Number: (    )	
May we contact this supervisor? <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No		Type of Employment: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Brief description of duties:			
Reason for leaving:		Last Salary: \$ _____ Per _____	

3. Name of Employer		Type of Business	
Address	City	State	Zip Code
Dates Employed: <b>MONTH/YEAR to MONTH/YEAR</b> From:_____ To:_____	Title	If you are still employed, have you received a notice of termination or military separation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Title of Supervisor		Contact Number: ( )	
May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Brief description of duties:			
Reason for leaving:		Last Salary: \$_____ Per _____	
4. Name of Employer		Type of Business	
Address	City	State	Zip Code
Dates Employed: <b>MONTH/YEAR to MONTH/YEAR</b> From:_____ To:_____	Title	If you are still employed, have you received a notice of termination or military separation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Title of Supervisor		Contact Number: ( )	
May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Brief description of duties:			
Reason for leaving:		Last Salary: \$_____ Per _____	
5. Name of Employer		Type of Business	
Address	City	State	Zip Code
Dates Employed: <b>MONTH/YEAR to MONTH/YEAR</b> From:_____ To:_____	Title	If you are still employed, have you received a notice of termination or military separation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Title of Supervisor		Contact Number: ( )	
May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Brief description of duties:			
Reason for leaving:		Last Salary: \$_____ Per _____	

**NEED LAST 8 – 10 YEARS OF WORK HISTORY FROM MOST RECENT EMPLOYER LISTED AS #1 TO OLDEST AS #5**

### **My Next Move Interest Assessment**

This system provides current and accurate occupational and education information to schools and agencies through Georgia in order to help young people and adults make informed career choices. The system has a tremendous amount of information and can be very valuable.

Please access the site via the internet at <https://www.mynextmove.org> Click on INTEREST in the top right corner of the web page. You will complete 5 sections.

Click START to begin. Read and then click NEXT until you get to the first set of questions.

**INTERESTS** – Answer questions 1-60; clicking NEXT until all questions have been completed.

**RESULTS** – Read and click NEXT.

**JOB ZONES** – Read and click NEXT, then choose JOB ZONE 3 for Medium Preparation.

Click PRINT to print your results. On the top of the next page type your first and last name in the bar. Review over the jobs listed to see if your program is listed. Click PRINT.

***Print this page and submit with your completed Workforce Development Application.***

### **CORE SERVICE HISTORY**

	Yes	No
Have you visited a Georgia Department of Labor Career Center? When? _____ Where? _____		
Have you filed for unemployment insurance? When? _____ Where? _____		
Are you receiving unemployment insurance? Weekly Benefit Amount? _____ Date Benefits Expire: _____		
Have you researched job postings listed on the Georgia Department of Labor job order system? When? _____		
Have you attended an orientation session at a Georgia Department of Labor Career Center? When? _____ Where? _____		
Have you received information regarding the current labor market and unemployment figures?		
Other: _____		

### **INTENSIVE SERVICE HISTORY**

	Yes	No
Have you completed a skills interest inventory or skills assessment (CDM, O'NET, TABE, ASSET)? When? _____ Where? _____		
Have you completed a customer service plan or a counseling plan?		
Have you attended workshops at a Georgia Department of Labor Career Center? When? _____ Workshop Name: _____		
Other: _____		

### **SERVICE TO INDIVIDUALS RESIDING OUTSIDE OF THE GEORGIA MOUNTAINS AREA**

**Please complete the following if you reside in a county NOT listed below. Otherwise, please leave this section blank.**

The Georgia Mountains service delivery area consists of 13 counties: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, and White. Funds are available to eligible residents of the Georgia Mountains area and individuals who were dislocated from an employer within the Georgia Mountains area.

What county do you currently reside? \_\_\_\_\_

Were you LAID OFF from an employer located in one of the above mentioned 13 counties? ☐ Yes ☐ No Name of Employer \_\_\_\_\_

Have you contacted or completed an application to another WIA office? ☐ Yes ☐ No

If "yes", please list date of application: \_\_\_\_\_

What is the status of that application? \_\_\_\_\_

Why are you seeking services through the Georgia Mountains Workforce Development Office? \_\_\_\_\_

### Career Choice Research Worksheet

When researching the available jobs for your chosen career, please pay close attention to the educational requirements. Does it require that you have a Certificate, Diploma, or an Associates or Bachelor's degree? Knowing this will help you determine exactly what educational level you would be required to have for this particular job. In addition to the education requirements, keep in mind the location of any employment opportunities.

**Are jobs in your chosen career/program available within a reasonable commute (30-40 miles one way) of your residence?** ☐ Yes ☐ No

**Are you willing to relocate?** ☐ Yes ☐ No

Some programs, careers or employment opportunities will require a background check and/or drug screen.

**Do you have any issues that would prohibit you from successfully completing a background and/or drug screen?** ☐ Yes ☐ No

Please remember that the Georgia Mountains Workforce Development only assists with one (1) program of study or major and it must be completed within 104 weeks (2 years) or less. This includes all classes (regular/provisional), internships and/or clinical periods. Once a program of study has been selected, changes will not be allowed unless it is to downgrade to a lesser program of study (i.e. Degree to a Diploma). This must be reviewed by the Case Manager and is done on a case-by-case basis. So please research and choose wisely.

**INSTRUCTIONS: COLLECT INFORMATION ON A MINIMUM OF 5 JOBS THAT YOU WOULD BE QUALIFIED FOR AFTER THE COMPLETION OF TRAINING. PRINT AND ATTACH COPIES OF THESE JOB ANNOUNCEMENTS TO YOUR WORKSHEET.** Try to use as many resources as possible when completing this form. Available resources include: visits to the prospective programs, and interviews with persons currently working in related jobs, O'NET at <http://online.onetcenter.org/>, Georgia Department of Labor at [www.dol.state.ga.us](http://www.dol.state.ga.us), internet job search websites such as [www.monster.com](http://www.monster.com), [www.careerbuilder.com](http://www.careerbuilder.com), [www.indeed.com](http://www.indeed.com), [www.jobcentral.com](http://www.jobcentral.com), industry websites, business websites, newspaper websites, etc.

**Training Provider (School):** \_\_\_\_\_

**Program:** \_\_\_\_\_

1. Expected salary range for targeted job: (Entry Level) \_\_\_\_\_  
(Average Level) \_\_\_\_\_
2. Are there jobs available for someone like you, if you finish the program, but are unable to pass certification exams and/or obtain an industry license? \_\_\_\_\_
3. Does your research seem to indicate if there are many qualified applicants with more skills and work experience competing for entry level jobs in your job target area? \_\_\_\_\_
4. Are there **training-related jobs** available in your county or within reasonable commute (30-40 miles one way)? Estimate how many jobs. \_\_\_\_
5. Is there on-going job growth and/or projected demand in your targeted job area? \_\_\_\_\_
6. Which assessments have you had that indicate your abilities and interests are a good match for you targeted job (such as CDM, TABE, SAGE, COMPASS, ASSET, O'NET etc.)? \_\_\_\_\_
7. Will your targeted job meet your financial obligations and wage expectations? \_\_\_\_\_

**Select three out of the five jobs you printed that you like best. List your top three choices as Job #1, Job #2 and Job #3. Tell us more specific information about these jobs and identify why they are a good fit for your interests, current work experience.**

Job #1 Title:	Rate your <b><u>CURRENT WORK EXPERIENCE</u></b> for this job:
Company:	<input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded
Location:	
Wage:	Rate your <b><u>CURRENT EDUCATION</u></b> for this job:
Experience Requirements:	<input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded
Education Requirements:	
Job #2 Title:	Rate your <b><u>CURRENT WORK EXPERIENCE</u></b> for this job:
Company:	<input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded
Location:	
Wage:	Rate your <b><u>CURRENT EDUCATION</u></b> for this job:
Experience Requirements:	<input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded
Education Requirements:	
Job #3 Title:	Rate your <b><u>CURRENT WORK EXPERIENCE</u></b> for this job:
Company:	<input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded
Location:	
Wage:	Rate your <b><u>CURRENT EDUCATION</u></b> for this job:
Experience Requirements:	<input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded
Education Requirements:	

## CERTIFICATION AND ACKNOWLEDGEMENT

(Please read the following statements carefully)

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIA program activities and may be considered justification for dismissal if discovered at a later date.

I recognize that WIA is a federally-funded program and is totally dependent upon funding from the United States government. Should WIA not receive additional funding, the Georgia Mountains Workforce Development is not liable for any expenses incurred while attending an approved training program.

I will not threaten, harass, intimidate or otherwise abuse Georgia Mountains Regional Commission/Georgia Mountains Workforce Development staff members. The Workforce Development Director will be notified if an adverse situation arises and GMWD services will not be approved.

I further understand that if the information presented is determined to be false or contain omissions, I will be held responsible for repayment of any funds paid to me or for service on my behalf.

WIA program activities are federally funded and all activities must adhere to transparency and accountability guidelines. In some case, pictures may be taken to document our local efforts to assist area residents obtain training and employment services. **I agree \_\_\_\_\_ I do not agree \_\_\_\_\_** to allow the Georgia Mountains Workforce Development staff to use my photo in print advertising or on the local area website.

Finally, I recognize that an application and eligibility determination are the initial steps and do not guarantee program participation. I have viewed a copy of the Rights Statement, enclosed with the application packet, & ITA Policies and understand the information and guidelines contained therein.

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**Applicant Signature**

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**Date**